Answers to ECG quiz 2

1. AF, R BBB, RAD, dominant R in V1.
   RV problem. Pulm stenosis, fallots, coarctation, L→R shunt. PDA

2. Mobitz 2 2:1 block
   Inf post MI affecting AV node.
   PCI, may need pacing during / after procedure.

3. Peaked T waves – can be nonspecific, high K or may herald infarct.
   Treat for DKA if picture fits or if not serial ECG and trop.

4. Pericarditis.
   Admit for Ix – to find cause – viral screen – coxscackie, EBV, echo
   ANA, dsDNA, Rh F
   U&E, TSH,
   If Trop high then has myocarditis – risk of arrhythmia. Needs Echo

5. SR, LAD, Q in V2 and aVL. Slight inc ST in aVL. Hyperacute T again may be nonspecific, may herald MI
   Repeat in 10 min. Time is myocardium. May see ST elevation

6. Postero-lateral MI
   Demonstrate with posterior leads. Could consider doing post leads on any inf MI.
   Refer for PCI, aspirin 300mg and clopidigrel 600mg on the way. May give Heparin 5000IU stat.

7. SR, 70/min, normal axis, U waves in V2 and V3, flattened ST segments.
   Hypokalaemia.

8. Torsades de Point
   Mg SO4 4g IV stat

9. Dual chamber PPM
   Does not affect CPR. Consider doing front to back defib pads to protect PPM.

10. Upright R in V1, T wave inverted in V1-V6
    Old / recent ACS, PE.

11. Polymorphic VT – fusion and capture beats- usually ischaemic.
    If unstable (CP, LVF, low BP, dec LOC) then DC CV. If not Amiodarone 300mg over 20-60 min.

12. Junctional escape rhythm. P wave goes retrogradely after QRS.
L axis deviation
Needs echo to look for structural heart disease.

13. LVH and strain
BP high, LV heave. Gallop rhythm.

14. Bradycardia, J waves. V pathological looking QRS.
Treat for hyperthermia, look for MI.
Beware VF as she warms up. Aim 1 deg per hour.

15. ST increased I and aVL by 1 mm. Circumflex territory often has very subtle changes if ischaemia or infarct.
Refer for PCI

16. Upright R in V1, ST changes and T inversion. Brugada.
ECG may be normal in 30 min time.
Risk of sudden death, needs ICD.

17. SR with prem atrial beat, LAD, L BBB, Borderline prolonged PR.
Not trifascicular block as need R BBB for this.

18. Slow AF 40 / min. Reverse tick.
Likely overdigitalised. Reverse tick not necessarily indicative of over treatment but bradycardia is!
Often presents with odd colour vision

19. Trigeminy. SR normal axis .
May be normal, check U&E and Mg. May go home

20. SR, RAD, high voltage V2, V3, biphasic T wave in aVL. aVR positive (v unusual)
Septal hypertrophy. May have HOCM.
Other causes of RVH – fallots, pulm stenosis, Pulm HT, cor pulmonale, L→ R shunt etc.